

Supplemental Application Data Sheet

Application Information

Application number::	<u>10/601,171</u>
Filing Date::	<u>06/23/03</u>
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	<u>N/A 1645</u>
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	<u>OPSONIC MONOCLONAL AND CHIMERIC</u> <u>ANTIBODIES SPECIFIC FOR</u> <u>LIPOTEICHOIC ACID OF GRAM POSITIVE</u> <u>BACTERIA OPSONIC AND PROTECTIVE</u> <u>MONOCLONAL AND CHIMERIC</u> <u>ANTIBODIES SPECIFIC FOR</u> <u>LIPOTEICHOIC ACID OF GRAM POSITIVE</u> <u>BACTERIA</u>
Attorney Docket Number::	SYNI-003CN
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	<u>No</u> <u>Yes</u>
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Status::	Full Capacity
Given Name::	Gerald
Middle Name::	Walter
Family Name::	FISCHER

City of Residence:: Bethesda
State or Province of Residence:: MD
Country of Residence:: US
Street of mailing address:: 6417 Lybrook Drive
City of mailing address:: Bethesda
State or Province of mailing address:: MD
Postal or Zip Code of mailing address:: 20817

Applicant Authority Type:: Inventor
Status:: Full Capacity
Given Name:: Jeffrey
Middle Name:: R.
Family Name:: STINSON
City of Residence:: Breekeville Brookville
State or Province of Residence:: MD
Country of Residence:: US
Street of mailing address:: 19253 Treadway Road
City of mailing address:: Brookville
State or Province of mailing address:: MD
Postal or Zip Code of mailing address:: 20833

Applicant Authority Type:: Inventor
Status:: Full Capacity
Given Name:: Richard
Middle Name:: F.
Family Name:: SCHUMAN
City of Residence:: Gaithersburg
State or Province of Residence:: MD
Country of Residence:: US
Street of mailing address:: 204 Sunny Brook Terrace
Apt. 632
City of mailing address:: Gaithersburg

State or Province of mailing address:: MD
Postal or Zip Code of mailing address:: 20877

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: James
Middle Name:: J. Jacob
Family Name:: MOND
City of Residence:: Silver Spring
State or Province of Residence:: MD
Country of Residence:: US
Street of mailing address:: 527 Northwest Drive
City of mailing address:: Silver Spring
State or Province of mailing address:: MD
Postal or Zip Code of mailing address:: 20901

Applicant Authority Type:: Inventor
Status:: Full Capacity
Given Name:: Andrew
Family Name:: LEES
City of Residence:: Silver Spring
State or Province of Residence:: MD
Country of Residence:: US
Street of mailing address:: 1910 Glen Ross Road
City of mailing address:: Silver Spring
State or Province of mailing address:: MD
Postal or Zip Code of mailing address:: 20910

Correspondence Information

Correspondence Customer Number:: 00959

Representative Information

Representative Customer Number:: 00959

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
<u>This Application</u>	<u>Continuation of</u>	<u>09/097055</u>	<u>06/15/98</u>
<u>09/097055</u>	<u>An application claiming the benefit under 35 USC 119(e)</u>	<u>60/049871</u>	<u>06/16/97</u>
<u>This Application</u>	<u>Continuation of</u>	<u>10/323926</u>	<u>12/20/02</u>
<u>10/323926</u>	<u>An application claiming the benefit under 35 USC 119(e)</u>	<u>60/343503</u>	<u>12/21/01</u>

Foreign Priority Information

Assignee Information

Assignee name:: The Henry M. Jackson Foundation for the Advancement of Military Medicine, Inc.

Street of mailing address:: 1401 Rockville Pike

City of mailing address:: Rockville

State or Province of mailing address:: MD

Postal or Zip Code of mailing address:: 20852

Signature:

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.

Signature	/Amy E. Mandragouras, Esq./	Date	August 26, 2010
Name (Print/Type)	Amy E. Mandragouras, Esq.	Registration No. (Attorney/Agent)	36,207